REGISTRATION: MUNICIPAL POLITICAL ACTION COMMITTEE

A political action committee must register with the municipal clerk's office within 7 days of making expenditures to influence a municipal election, including unpaid obligations, or receives contributions that total more than:

- \$1,500 for an organization whose major purpose is to influence municipal candidate or ballot question elections, or
- \$5,000 for organizations which participate in municipal candidate elections but whose major purpose is something other than influencing candidate elections.

<u>An Initial Campaign Finance Report must accompany this form</u>—Political action committees must report all contributions and expenditures, whether cash or in-kind, made since January 1st of the reporting year. Be sure to include expenditures such as those associated with the collection of signatures, paid staff time, travel reimbursements, and fundraising expenses.

Within 10 days of a change in PAC information an amended registration form must be submitted to the municipal clerk's office. The committee must also file an updated registration every election year between January 1st and March 1st.

| No |
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ALL SECTIONS OF THIS FORM MUST BE COMPLETED.

| COMMITTEE INFORMATION | | | | | |
|-------------------------------|---------|---------|--|--|--|
| Committee name | | Acronym | | | |
| Mailing address | | Phone | | | |
| City, state, zip code | | Fax | | | |
| E-mail | Website | | | | |
| TREASURER INFORMATION | | | | | |
| Name | | Phone | | | |
| Mailing address | | | | | |
| City, state, zip code | E-mail | | | | |
| PRINCIPAL OFFICER INFORMATION | | | | | |
| Name | | Title | | | |
| Mailing address | | Phone | | | |
| City, state, zip code | | | | | |
| Name | | Title | | | |
| Name | | Title | | | |
| Mailing address | | Phone | | | |
| City, state, zip code | | | | | |

| ALTERNATE E-MAIL ADDRESSES To receive filing reminders and important information from the Commission. | | | | | |
|--|-----|--|------------------------------|--|--|
| 1. | | | 2. | | |
| PRIMARY FUNDRAISERS AND DECISION MAKERS Identify any candidates, Legislators or other individuals who are the primary fundraisers and decision makers for the committee. | | | | | |
| 1. | | | 2. | | |
| 3. | | | 4. | | |
| 5. | | | 6. | | |
| COMMITTEE MAILING ADDRESS Correspondence will be mailed to this address. | | | | | |
| Same as above. Street address or P.O. Box | | | | | |
| City, state, zip co | ode | | | | |
| FORM OF ORGANIZATION Name the form or structure of organization, i.e., cooperative, corporation, voluntary association, partnership, etc. | | | | | |
| Form of organization | | | Date of origin/incorporation | | |
| STATEMENT OF SUPPORT OR OPPOSITION Indicate whether the committee supports a candidate or candidates, political committee, referendum, initiated petition or campaign. If the PAC does not support a specific candidate, committee or issue, please provide a brief statement describing the goals or mission of the PAC. | | | | | |
| SUPPORT | | | | | |
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| | | | | | |
| | | | | | |
| OPPOSE | | | | | |
| | | | | | |
| SIGNATURE OF PRINCIPAL PAC OFFICER OR TREASURER | | | | | |
| Signature | | | Title | | |
| Print Name | | | Date | | |

IMPORTANT NOTICE

An Initial Campaign Finance Report must be filed with the municipal clerk at the time of registration.